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ABSTRACT

In 1986, Illinois implemented the Children at Risk of Educational Failure preschool program. By the 1991-1992 school year, almost 25,000 children were enrolled in the program. This document reports on accessibility to, and community involvement in, the program, and instructional and evaluation practices used in the program. The section on accessibility discusses the topics of state funding and program enrollment, full-day programs for children of working parents, and children with disabilities or limited English proficiency. Several topics relevant to the program's operation in Chicago are examined. The section on family and community involvement considers the topics of parent involvement in the preschool program, school meals, and interagency cooperation in early childhood education. The section on instructional practices and evaluation examines the topics of developmentally appropriate practices, individual assessment profiles, an annual program review, and a longitudinal program evaluation. For each topic discussed, at least one recommendation is offered. Appendices present data on program funding and enrollment for the eight most populous cities, and for each county, in the state. A bibliography of 36 items is provided. (BC)

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SUCCESS STARTS YOUNG

Expanding the Promise of the Illinois Preschool Program

VOICES FOR ILLINOIS CHILDREN

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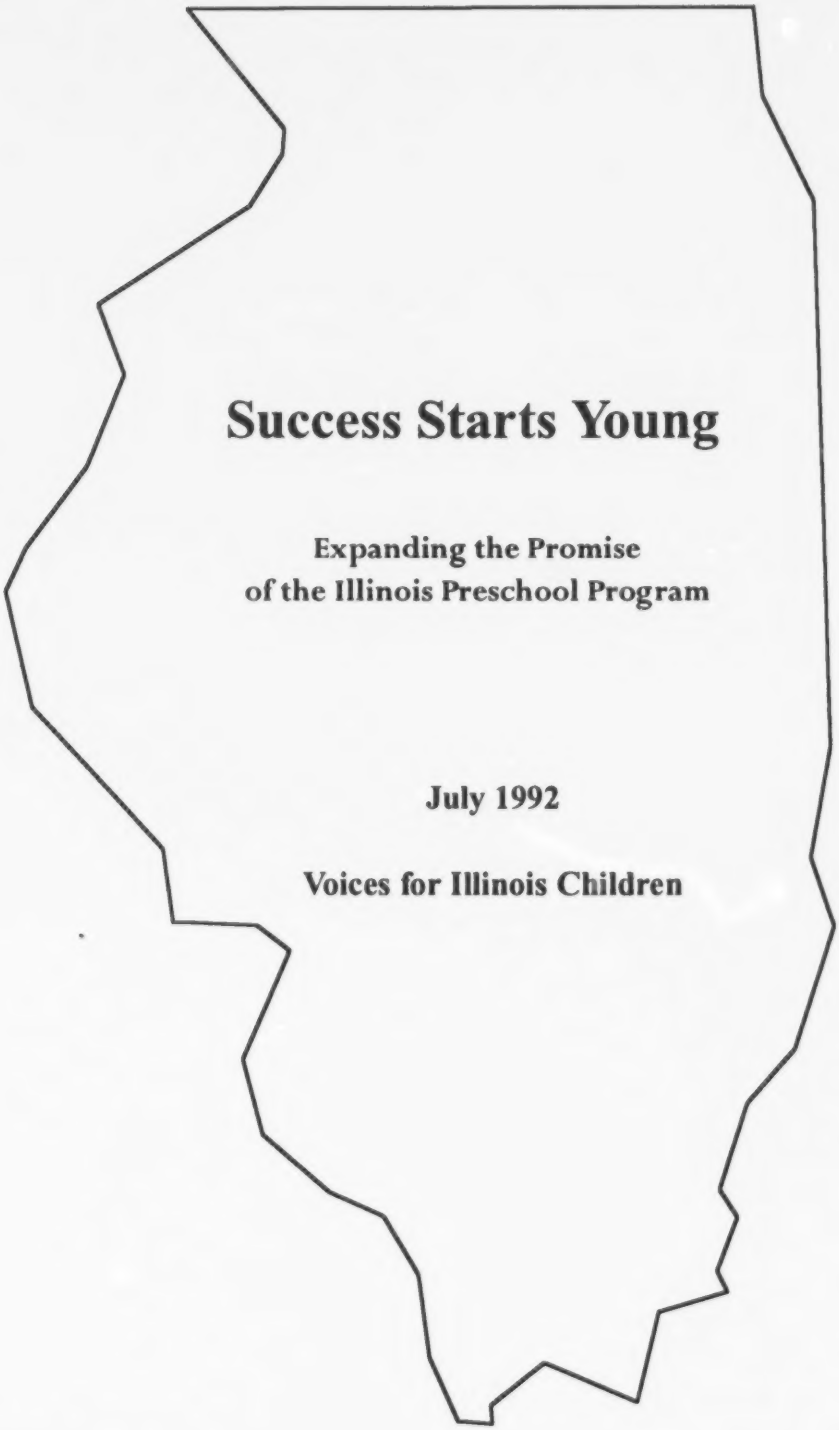
The solution of adult problems tomorrow depends in large measure upon the way our children grow up today. There is no greater insight into the future than recognizing when we save our children, we save ourselves.

-- Margaret Mead



Success Starts Young

Expanding the Promise of the Illinois Preschool Program

July 1992

Voices for Illinois Children

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Success Starts Young:
Expanding the Promise of the Illinois Preschool Program

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Executive Summary

- Recent History of the Illinois Preschool Program
- What Every Child Needs
- Recommendations

Executive Summary

Recent History of the Illinois Preschool Program

Too many of our nation's children are leaving high school unprepared for the jobs of the 21st century. The costs of this failure to educate a large proportion of the next generation are enormous. The rapid disappearance of less-skilled positions from the job market magnifies the impact of an inadequately prepared work force.

Some children enter kindergarten or first grade already noticeably behind their peers. As a result they experience difficulty in school right from the start. But there is a proven answer to this part of the problem: effective preschool education. It is the best and least expensive way to improve children's success in the early elementary school grades. Preschool can then be the foundation for a promising elementary and secondary school education. Children enrolled in preschool register important gains in formal skills in first grade compared to children who did not enter preschool. Disadvantaged children enrolled in programs which provide nutritional meals and medical care become healthier.[1]

In January 1986, Illinois implemented the Children at Risk of Educational Failure preschool program administered by the Illinois State Board of Education (ISBE). The first "class" included over 5,000 children in school districts across the state. By the 1991-1992 school year almost 25,000 children were enrolled in the program.

VIC released its first preschool monitoring report, *All Our Children Can Make the Grade*, in 1990. The first report praised the state's initiative in creating the program, but made a number of proposals to improve the scope and quality of the Children at Risk program.

Our second report on preschool education also contains recommendations for program improvement, but it acknowledges the following gains made in the program since the release of the 1990 report:

- The State Board implemented a number of staff development strategies to improve the quality of preschool staff. These include joint training programs with Head Start. This fall the State Board will launch a traveling technical assistance and staff training team to give on-site technical assistance and training.

- The State Board, the Department of Children and Family Services, and the Department of Public Aid collaborated to provide school districts with extra funds to offer full-day programming for children whose parents work.

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[1]Valor Washington and Ura Jean Oyemade, *Project Head Start: Past, Present, and Future Trends in the Context of Family Needs*, Garland Publishing, New York, New York, 1987.

Success Starts Young

- The State Board encouraged more school districts to subcontract with other qualified organizations to provide preschool in situations where overcrowded schools prevented the addition of preschool classrooms.

- Other improvements include expanding adult education and literacy programs for parents, and adding a Model Parent Training Program.

- Under a new monitoring plan, state preschool reviewers will visit new preschool classrooms early in the school year to give advice on good preschool practice, and will visit those classrooms at the end of the year to monitor progress.

While the State Board has worked vigorously to encourage the development of high quality preschool programs, critical aspects of the state preschool program need improvement. Moreover, despite the substantial increase in the number of preschool places, more than half of Illinois' estimated 127,000 at-risk preschool aged children remain unserved by either Children at Risk or the federally-funded Head Start program.

Preschool works for children who need extra help to prepare for school. It is intolerable that we are still denying thousands of children a good start.

What Every Child Needs

The earliest years of a child's life are the critical period for laying the foundation for long-term learning, growth and development. Developmental opportunities missed in early childhood are never recaptured, and can only be recreated, at a much higher cost and higher failure rate. Many children, especially children experiencing economic, language, physical or developmental disadvantage, benefit enormously from quality preschool programs. Successful programs view preschool as a means to accomplish the following goals:

- strengthen the role of the family by providing: parent education courses, opportunities for children and parents to engage in developmental activities together, and toy and book lending libraries to enhance the educational resources in the home;

- recognize that children are individuals with strengths, talents and needs by establishing realistic individual curriculum goals for each child;

- serve the whole child, including physical, emotional, social and cognitive needs;

- create an accepting, stimulating and developmentally appropriate learning environment which engages young children in the *process* of learning rather than in the acquisition of disparate skills or content memorization;

- allow children to be educated within an integrated environment which provides the least restrictive setting for disabled children; and

- give otherwise educationally disadvantaged children the opportunity to reach first grade ready to learn and on the same educational level as their more fortunate peers.

These general principals comprise a conceptual framework for good preschool practice. But Illinois already has a well-established preschool program in which many participants subscribe to these principles. The purpose of this report is to describe how the Illinois program, a collection of preschool programs in about 500 school districts serving 27,000 children, can achieve these goals through concrete, practical improvements. Our analysis of the Illinois program and our recommendations for improving preschool practices are divided into three major sections: 1) accessibility to preschool; 2) family and community involvement; and 3) instructional practices and evaluation.

Recommendations

Improving the lives of children and families does not occur spontaneously upon enactment of laudable legislation; it requires adequate resources and a coordinated effort between multiple agencies led by dedicated individuals to ensure each measure is carried through. The following is a list of recommendations for improving the state preschool program. More detailed recommendations for program improvement are listed at the end of each section of this report.

Accessibility

1) Providing preschool for all eligible children is the joint responsibility of the federal government through Head Start and the state government through Children at Risk. To meet its responsibility, the state legislature should increase its appropriation to the Children at Risk program by at least 20 percent for each of the next five years.

2) Federal, state, and local governments need to coordinate the fragmented funding streams for programs designed to serve essentially the same child population; to collaborate to improve the quality of preschool programs; and to reach otherwise unserved populations.

3) Local school districts and associated service providers should utilize grants to provide child care for the full working day, including appropriate preschool programs to accommodate children whose parents work.

4) Illinois ranks as one of the worst states in the nation for failing to include children with disabilities into mainstream classrooms. ISBE should set a goal for all school districts to set aside ten percent of the Children at Risk spaces for children with disabilities, consistent with the federal Individuals With Disabilities Act.

5) Limited English proficient children should have access to staff who speak their first language whenever possible. More teachers and screening staff with languages other than English should be trained to serve these children and their families.

6) In Chicago, the Department of Human Services and the Chicago Public Schools should conduct a joint community needs assessment to coordinate the provision of preschool, especially in communities with overcrowded schools. The lack of coordination between these organizations on the transfer of Head Start programs from the public schools to community-based sites is unprofessional and harmful to families.

Family and Community Involvement

1) Local school districts should make a commitment to, and be held accountable for, implementing strong parental involvement strategies. These strategies should be aimed at strengthening parents' role as their children's first teacher, and should reflect the needs and the interests of the families enrolled in the local preschool program.

2) The preschool regulations should be amended to require all school districts to provide children enrolled in Children at Risk with at least one nutritional meal per session.

3) The Local Interagency Coordinating Council (LICC) should be jointly adopted by early intervention and state-funded preschool programs as a vehicle to coordinate the entire range of early childhood services.

4) The continuity of a children's early school years should be nurtured by both school-level collaboration among preschool, kindergarten and primary grade teachers, and by close involvement of parents.

Instructional Practices

1) ISBE should continue to stress the primary importance of developmentally appropriate practice in preschool classrooms through training and monitoring.

2) ISBE should adopt a single screening instrument to determine eligibility for preschool so that screeners and teachers can develop a basic competence in administering and interpreting the tests to formulate Individual Assessment Profiles (IAPs). The use of a single screening instrument would also make statewide comparisons feasible.

3) ISBE should adopt an effective program monitoring instrument similar to the Early Childhood Environmental Rating Scale to promote an interpretable, comparable and reliable assessment. The use of such an instrument also serves as a training device since it reinforces concrete aspects of good preschool practice.

4) ISBE should establish a multi-measure longitudinal evaluation of the preschool program to discover which Illinois preschool programs are adequately preparing at-risk children for elementary school, and how to adjust individual programs to best meet the different needs of the populations they serve.

Introduction

- **Preschool: The State and National Agendas**

Introduction

Preschool: The National and State Agendas

Parents, business leaders, educators, public officials, child and family advocates, and the media express increasing concern about two major children's issues 1) our failure to educate and prepare a significant proportion of the nation's children for a competitive work force and the responsibilities of citizenship; and 2) the growing need for the provision of nurturing and developmentally appropriate child care in the face of dramatic changes in family life and work patterns.

Failure to resolve either issue poses serious consequences for our nation's future; quality preschool helps to address both of these issues.[2] Research and experience have demonstrated that children participating in high quality preschool programs receive immediate and long-term gains. Children enrolled in programs which provide nutritional meals and medical care become healthier. Children who experience high quality preschool programs achieve long-term gains including improved scholastic performance and placement; better early employment records; and lower high school drop out, arrest, welfare and teenage pregnancy rates.[3]

The availability of quality preschool programs for disadvantaged children is a critical part of the national and state agendas. In 1989, the President and the nation's Governors established the National Educational Goals with the following priority:

> **Goal 1**: By the year 2000, all children in America will start school ready to learn.
>
> **Objective** - All disadvantaged and disabled children will have access to high quality and developmentally appropriate preschool programs that help prepare children for school.

This goal recognizes that children at-risk because of poverty, limited English proficiency, or physical or developmental delays have the most to gain from comprehensive preschool programs. States formerly relied upon the federal government to finance preschool through Head Start. However, as preschool has proven an effective intervention for at-risk children, an increasing number of states developed their own programs. Today more than 32 states have implemented, or are in the process of implementing, state-funded preschool.[4]

---

[2]Anne Mitchell, Michelle Seligson, and Fern Marx, *Early Childhood Programs and the Public Schools: Between Promise and Practice*, Auburn House Publishing Company, Dover, MA, 1989.

[3]Valor Washington, *Project Head Start*, p.25. ; and John R. Berrueta-Clement, Lawrence J. Schweinhart, W. Steven Barnett, Ann S. Epstein, and David P. Weikart, *Changed Lives: The Effects of the Perry Preschool Program on Youths Through Age 19*, High/Scope Educational Research Foundation, Ypsilanti, MI, 1984.

[4]Sharon L. Kagan, *Excellence in Early Childhood Education: Defining Characteristics and Next Decade Strategies*, U.S. Department of Education, Washington, D.C., 1990.

Accessibility

- Funding to Meet Need
- Full-Day Programs for the Children of Working Parents
- Integrated Settings
- Limited English Proficient Children
- The Chicago Case:
  - Overcrowding
  - The Head Start Transfer

Success Starts Young

Through First Step (Children at Risk) we can deliver services to children who need them, when they can most benefit from intervention. The educators, parents, and community will thus share the responsibility for the success of our children in today's changing world.

-- Cass School District, DuPage County

Accessibility

Funding to Meet Need

The major concern we have with the program is that we are failing to reach sufficient numbers of children in need of the services provided by this type of programming. Based on our Kindergarten enrollments, we are aware that there are many [more] children in our community who could greatly benefit from this type of intervention.

– Carbondale Elementary School District, Jackson County

Those unserved have continued to demonstrate developmental delays, which in not being addressed earlier, became of handicapping magnitude by second or third grade.

– Crete-Monee School District, Will County

By the end of the 1991-1992 academic year, the Children at Risk program will have helped to prepare approximately 100,000 children to enter school ready to learn. Since Children at Risk was first implemented in January 1986, the state legislature has expanded the yearly appropriation nearly sixfold (from $12.1 million to $71.5 million). More than 5,000 children entered the program in January 1986, and today nearly 27,000 children are being served, about a 500 percent increase.

The Children at Risk program is reaching communities and entire regions which do not have Head Start programs, and, in some cases, do not have other early childhood services for families with young children. As the rural Northwest School District in McDonough County reports:

> None of the communities have a preschool or day care center. There is one library located in Blandinsville. The district covers an area 15 miles by 12 miles. Some of our students have limited opportunities due to their location, family income and environment.

The state-funded preschool program is making a difference throughout the state, particularly in areas that need it most. **Appendix I** shows the numbers of children served and funding levels for the twelve most populous cities in fiscal years 1991 and 1992. **Appendix II** describes the same information for each county in Illinois. **Table 1**, on the following page, describes the growing state appropriations, the increasing number of children served, and the relatively flat yearly cost per child.

Table 1: Illinois State-Funded Preschool
State Costs and Numbers of Children Served, FY86 through FY92[5]

	FY86	FY87	FY88	FY89	FY90	FY91	(1) FY92
Appropriations in Millions (Current Dollars)	$12.1	$12.7	$12.7	$23.9	$48.0	$63.0	$71.5
Percent Change from Previous Year		+5%	0%	+88%	+101%	+31%	+13%
Constant 1991 Dollars	$14.6	$14.9	$14.4	$26.1	$49.9	$63.0	$68.6
Percent Change from Previous Year		+2%	-3%	+81%	+91%	+26%	+9%
Number of Children Served	5,394	6.953	7,030	10,854	18,660	24,356	27,000
Percent Change from Previous Year		+29%	+1%	+54%	+72%	+31%	+11%
State Cost Per Child (Current Dollars)	$2,243	$1,827	$1,807	$2,202	$2,572	$2,587	$2,648
Percent Change from Previous Year		-19%	-1%	+22%	+17%	+1%	+2%
Constant 1991 Dollars	$2,714	$2,138	$2,114	$2,400	$2,675	$2,587	$2,542
Percent Change from Previous Year		-21%	-1%	+14%	+11%	-3%	+2%
Number of Projects	100	94	94	135	184	236	262
Number of Districts	232	202	178	279	353	475	N/A

NOTES:
1) FY92 figures are based on ISBE estimates.
2) ISBE has requested an additional $15 million for FY93, or a 21% increase over FY92. The Governor has proposed a meager $5 million increase, a level which barely covers cost of living increases.

[5]The costs per child listed in this table reflect only the state's share of the cost. Some districts supplement their individual programs with local funds, services, and materials.

How many at-risk children in Illinois need preschool?

The expansion of state-funded preschool programs is an impressive achievement, but a large number of eligible children remain unserved and, therefore, at high risk of school failure. According to the most recent figures, approximately 127,000 children would benefit from a quality preschool program aimed at at-risk children. This estimate was calculated in two steps:

1) children from zero to five-years old living in poverty in Illinois (estimated at 23 percent by the Current Population Survey) can be considered at risk;[6] and

2) of the non-poor children, (the remaining 77 percent), approximately 16 percent can be expected to be at-risk due to developmental or social conditions.[7]

Illinois birth counts for children who are now three- and four-years old, after adjusting for infant deaths totals approximately 360,000.[8] Thus, we can expect that approximately 23 percent (82,800) are living in poverty; and of those not living in poverty, 16 percent (44,352) were developmentally at risk. In total, 127,152 of Illinois preschool aged children are expected to be at risk.

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[6]Mark Testa, *Comparative State of the Child*, an unpublished version using the Current Population Survey (CPS), 1991. This report uses the CPS estimates from 1986 to 1988 despite the recently released decennial Bureau of the Census poverty figures. The Census poverty rate figures are lower than the CPS estimates, but some experts report that the CPS figures are more accurate. CPS estimates are based on a stratified, random sample averaged over three years. It avoids the problems of underrepresentation of inner city and migrant populations experienced by the Census. Even if the needs assessment is recalculated using the 1990 Census 18.9 percent poverty rate for children under five, more than half of Illinois' eligible three- and four-year old population remains unserved. In addition, the post 1990 recession has raised unemployment rates and further increased the child poverty rate.

[7]According to Dr. Louis Ferratier, the ISBE researcher who developed the formula, this percentage was used because 16 percent of the cases in a normal distribution would be expected to fall at least one standard deviation below the mean, and could therefore be considered "below the norm."

[8]In 1987, 180,441 children were born in Illinois, and the infant death rate was 2,094. In 1988, 184,708 children were born, with an infant death rate of 2,077. Thus, it is estimated that there were 360,978 three-and four-year olds in Illinois during the 1991-1992 school year. Allowing for a net out migration of 978 of these children, the total three-and four-year old population is estimated at 360,000.

How many children remain unserved?

Approximately 51,500 children were served during the 1990-1991 school year in either Children at Risk (24,356) or Head Start (27,184). Due to expansion in both programs, almost half of Illinois' at-risk three- and four-year-olds will be served during the current year. Based on funding increases and per pupil expenditure levels, it is likely that Children at Risk will serve about 27,000 children (based on a $8.5 million increase), while Head Start is likely to serve about 30,000 children (based on a $10 million increase). The Head Start program, unlike the Children at Risk Program, only enrolls children from economically disadvantaged families. In total, approximately 57,000, or only 45 percent, of Illinois's estimated 127,000 at-risk children are currently enrolled in publicly-funded preschool.

The calculation of the unmet need for preschool programs provides a basis for estimating how much the current appropriations needs to be increased in order to serve all children who are at-risk of school failure. The dollar amount is, however, complicated by federal Head Start program changes. Head Start received an 11 percent increase in Illinois from FY90 to FY91, and is likely to enjoy a sizeable increase in FY93 (an additional 20 million has been requested). These increased federal appropriations will increase the percentage of children served in Illinois. **Tables 2** and **3** illustrate the relative funding level and numbers of children served in the Children at Risk program relative to the Head Start program between fiscal years 1988 and 1992.

Table 2: Funding Level Comparisons Between Head Start and Illinois Children at Risk Programs FY88-FY92

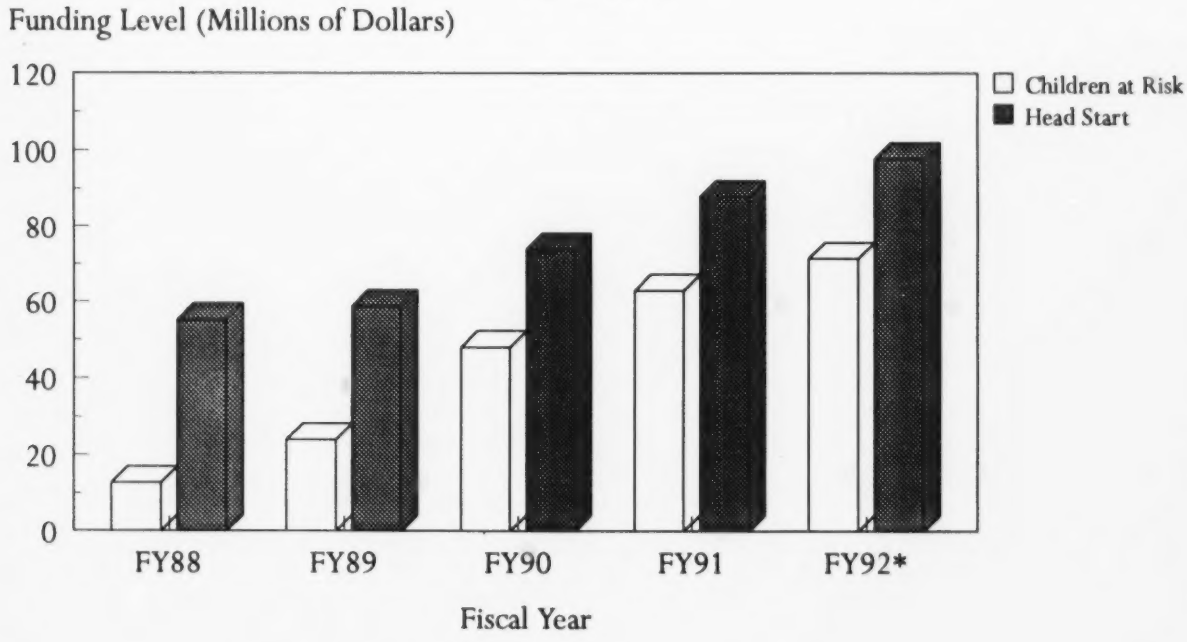
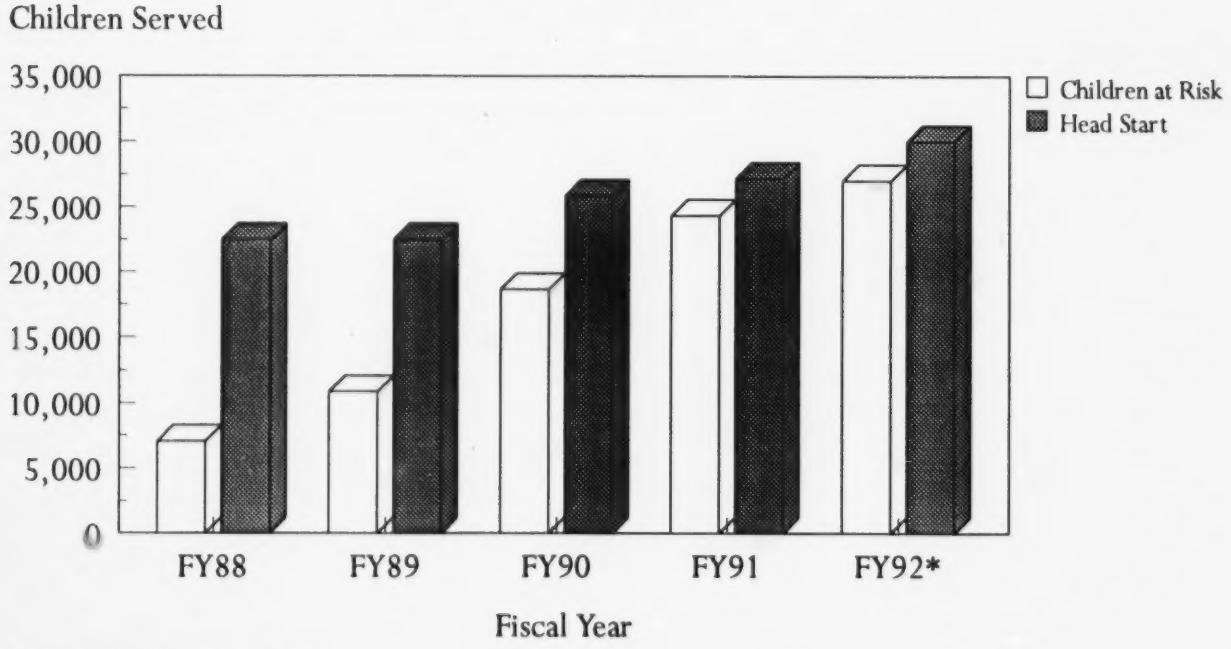


Table 3: Children Served Comparisons Between Head Start and Illinois Children at Risk Program FY88-FY92



* Fiscal Year 1992 figures are estimated.

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How do per child costs affect program quality?

Quality preschool programs have a broad range of services. Those services may include: parent involvement and education; full-employment day programming; medical and dental screening and services; mental health services; nutrition; social services; staff training; and program evaluation. Due to a relatively low per child expenditure, Illinois is unable to offer a full range of services. While cost is not the only factor affecting program quality, it is a critical factor.

The renowned Perry Preschool project which produced outstanding long-term benefits, had per pupil costs of $7,200 in 1991 constant dollars. The average per child expenditure for the Children at Risk program was $2,600 in 1991. No one knows whether the Perry results can be replicated in lower cost, and less intensive programs. If the quality of preschool is diluted past a certain point, the short- and long-term advantages begin to fade. A longitudinal evaluation of the state's program will shed some light on the effectiveness of specific program components. (The use of annual program reviews and longitudinal analysis to measure and improve program quality are discussed in the last section of the report.)

Other states with quality preschool programs spend well above the average per child expenditure in Illinois. For instance, during FY91 Illinois spent, on average, $2,600 per child; whereas, Florida spent $3,500 per child for a preschool program which, unlike Illinois, included widely available social, health, and nutrition services. During the same period New York spent, on average, $3,700 per child to provide all the services offered in Florida, plus some dental and mental health services. In addition, New York has slightly lower staff to child ratios; one teacher and one aid may serve up to 16 children, four less than the maximum ratio in Illinois and Florida.

Recommendations:

1) *Providing preschool for eligible children is the joint responsibility of the federal government through Head Start and of the state government through Children at Risk. The state legislature should increase its appropriation to the Children at Risk preschool program by at least 20 percent per year over each of the next five years.*

2) *The state should recalculate the cost of an effective preschool program as a part of a longitudinal evaluation of Children at Risk.*

Full-Day Programs for the Children of Working Parents

Many working parents cannot enroll their children in preschool programs which only serve their children for two and a half hours a day.[9] Such parents are unable to return to their neighborhoods in the middle of the work day to move their children to another care giver. One strategy to ease this problem is the extended time option program, a program that provides a child care subsidy to low income families before and/or after regular preschool hours.

Districts offering the extended time option may operate the program within the public school setting or through a subcontract with a licensed community-based agency or child care provider. This strategy is particularly important in school districts with overcrowded elementary schools. Despite the advantages of offering families increased child care flexibility through an extended time option, relatively few districts applied for funding for this program during the 1991-1992 school year. Only 14 districts, roughly five percent of the total districts offering state preschool programs, applied for the extended time option program. While all 14 districts were granted money to run the program, only a small percentage of children actually receive full-employment day child care services within each of these districts.

Families participating in the extended time option pay for the extra service on an income-based sliding fee schedule which takes into account the family's size and household income. During a focus group discussion with Children at Risk district coordinators, VIC learned that the sliding fee scale for the extended time option was still prohibitively high in some districts. For example, a family of five with an annual household income of $33,000 would have to pay slightly more than $200 per month to enroll one child full-day, nearly $2,000 over the course of the school year. As a result, relatively few parents in the district were able to participate.

---

[9]In a recent public survey conducted by the Metropolitan Chicago Information Center (MCIC) nearly half of the parents of preschool aged children who were surveyed indicated that they would use a full-day preschool/child care program if it were available.

Table 4 gives an example of some of the weekly fee rates based on income:

Table 4
Sample of Weekly Family Fees by Family Size and Annual Income

	Weekly Fees $0.25	$20.00	$35.00	$50.00
Family Size	Annual Income:			
3	$0-13,700	$18,701-19,200	$22,201-22,700	$24,701-25,200
4	$0-16,900	$22,301-22,900	$25,301-25,900	$28,301-28,900
5	$0-19,400	$25,701-26,400	$29,201-29,900	$32,701-33,400
6	$0-22,000	$29,201-30,000	$33,201-34,000	$37,201-38,000

In other districts the extended time option seems to be working exceptionally well. The Stockton Community Unit District located in Stephenson County, for example, demonstrates the critical need for such creative child care arrangements:

> Stockton had no licensed day care facilities within the community. DCFS [the Department of Children and Family Services] closed a number of unlicensed homes [due to hazardous conditions], leaving many families uncertain about care for their children, and causing families much stress. Children in Stockton's and neighboring prekindergarten classes often express concern about where they would go after school--and wondering about where they would go tomorrow. As a result, the school district established a Citizens Committee to survey the need for a child care facility. After figures were gathered, two local businesses agreed to contribute to set-up costs.

There are several other strategies for accommodating the children of working parents. Preschool staff should, through their own initiative, work out collaborative arrangements with the community child care centers to care for the children they serve when preschool is not in session. Another strategy is to incorporate the early childhood education program directly into the child care setting by subcontracting with local child care centers. Subcontracted Child Care Centers in Evanston, for example, incorporate developmentally appropriate early childhood education as a vital component of their child care, an approach which fits well with the district's preschool model. The North Avenue Day Nursery, located in Chicago, benefits from heterogeneous groupings, that is, classrooms are not limited to educationally disadvantaged children. In their words, "the resources brought by the whole group of children will be used to help those at risk, and the enhanced planning for those at-risk will improve the program for the whole group."

Some community child care providers, however, lack funds for the capital improvements necessary to bring the building up to code or to expand facilities. Consequently, they are unable to offer community residents much needed preschool and child care services. A solution to address this problem must be found.

Recommendations:

1) *The Department of Children and Family Services (DCFS) and the Department of Public Aid (DPA) should review the sliding fee scale for the extended time option program to determine whether or not the fees are too high for the average family whose children are enrolled in Children at Risk.*

2) *The State Board, the Capital Development Board, and local school districts should work together to locate resources for capital improvements in communities which lack adequate preschool facilities.*

3) *Districts should take advantage of the extended time option program, and if schools lack space, to subcontract with community child care centers in order to meet the needs of working parents. Subcontracting would also reduce the number of daily transitions children must make.*

4) *In Chicago, the Chicago Board of Education should actively encourage both subcontracting and full-day programming.*

Integrated Settings

The Children at Risk program has not yet successfully addressed the issue of integrating children with disabilities into the classroom. The right of all children to receive free, appropriate public education, within the least restrictive environment is clearly established by federal law. Preschool children with disabilities also have the right to be educated in the least restrictive environments which are developmentally appropriate for them. It benefits both the children with disabilities and their peers to open up to each other's world as early as possible, to help each avoid the prejudice and discomfort which have plagued preceding generations.

The recently consolidated federal statute, Individuals With Disabilities Education Act (20 U.S.C. Section 1414), requires school districts to provide:

> full educational opportunities to all children with disabilities, including ...to the maximum extent practicable...the provision of special services to enable such children to participate in regular educational programs.

The Act further stipulates that special classes or separate schooling should be used *only* when the nature or the severity of the disability prevents the child from receiving a satisfactory education in regular classrooms aided by supplementary services.

Illinois public schools are failing to integrate children with disabilities into regular classrooms. According to the U.S. Department of Education, during the 1987-1988 school year Illinois ranked 47th and 44th, respectively, in the percentage of its children with mental retardation and with emotional disturbances placed in mainstream classes. Superintendent Leininger admitted that, "We're not doing a good job in inclusion at all. Other states are not doing well either, but being 47th in the nation, for a state that has a good reputation for education, is not [a] good testimonial."[10]

The Children at Risk program should follow the lead of the federally-funded Head Start program which formalized its policy to enroll children with disabilities in 1972 with the passage of P.L. 92-424. This law required Head Start to reserve a minimum of 10 percent of its enrollment for children with disabilities in all programs. Over the past few years children with disabilities have comprised an average of 13 percent of Head Start's total enrollment.

Recommendation:

1) *ISBE should set as a goal that all school districts set aside ten percent of the At-Risk spaces for children with disabilities, in compliance with the federal statute on disabilities.*

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[10]Protection & Advocacy, Inc., "When Do Children With Disabilities Meet Other Children?", *Equalizer*, 5 (3).

Limited English Proficient Children

An added program component for the 1991-92 school year will be a collaboration of the Hispanic Preschool program with the developmental program. A joint venture will be developed to share language enrichment experiences...hands-on activities...thematic field trips...and...joint parent education programs will be implemented with translation assistance as needed.

– Bensenville School District, DuPage County

Preschool allows the sizeable population of non-English speaking three-to-five-year-olds in Illinois the opportunity to become proficient in English prior to entry into kindergarten and the primary grades. Since a disproportionate number of Illinois' limited English proficient (LEP) population resides in Chicago, the availability of bilingual services is particularly important for Chicago. Facilitating the early language development of LEP children in both their primary language and in English can help ease these children's transition into school, and avoid misdiagnosis of ability due to linguistic differences. It is also important for a child's sense of well-being that someone in the preschool classroom, staff member, parent aid or parent volunteer, speak the child's first language and communicate with parents.

In school, bilingual teachers use the language a child speaks at home in order to build formal language skills. Teachers may combine language activities with developmental exercises and activities. However, mixing a child's first language with English should be avoided. Such alternation tends to confuse children and delay development in both languages. Concepts mastered in the child's first language are best transferred to English once the child has developed a sufficient English vocabulary.[11]

Unfortunately, many program sites lack personnel to work with the LEP families they serve. In some cases, LEP children have mistakenly been diagnosed as requiring special education services. In other instances, the underlying speech problem of LEP children has been overlooked, and they have failed to receive speech therapy. Once enrolled, children who do not speak English often do not receive the type of attention that facilitates their acquisition of English, without slowing down the rest of the class.

Recommendations:

1) *A bilingual specialist trained in screening should be present at screenings to help prevent misdiagnosis of a child's learning abilities due to linguistic differences.*

2) *Local preschool directors should make every effort to recruit at least one staff member or volunteer who speaks the first language of limited English proficient children.*

3) *Local colleges and universities should be encouraged to expand their early childhood education and bilingual education course offerings and to recruit bilingual students.*

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[11]Texas Education Agency, *Prekindergarten Update*, Austin, TX, 1991.

The Chicago Case

The Children at Risk program in Chicago merits special attention because of the large number of children enrolled (approximately 10,000, or 37 percent of the statewide enrollment), and because many of the problems found in other urban programs are particularly acute in Chicago. A Chicago Board of Education report summarized the individual School Improvement Plans of the district elementary schools, and found that a number of those goals related to preschool education.[12] Schools reported that lack of space, funding, and appropriate personnel prevented them from opening a state-funded preschool program. Other pertinent issues included the lack of full-employment day child care services; the shortage of certified teachers who are trained to work with limited English proficient children; and the transfer of Head Start programs out of the public schools and into community-based sites. The following issues are particularly important in Chicago.

Overcrowding. New preschool programs cannot be offered in schools that are already overcrowded, and there is a severe overcrowding problem in Chicago. During the past four years, the shortage of classrooms in Chicago public schools has more than doubled, climbing from 1,621 to 3,618 rooms. As a result, more than a third of the elementary schools are overcrowded. According to the most recent list released by CPS in 1990, 93 out of 457 elementary schools were overcrowded, and another 75 schools were severely overcrowded. CPS officials report that an updated list will be released shortly, and that the overcrowding problem has intensified.

The Hispanic population is most adversely affected. Forty-five of the 75 severely overcrowded schools are located in Pilson, Little Village, Humbolt Park and other predominantly Hispanic neighborhoods. This overcrowding problem is largely due to steadily rising Hispanic enrollments (a 31 percent increase has occurred over the past decade) and the tendency for migrants and long-time residents to concentrate in certain communities. Included in the group of severely overcrowded schools are 17 schools which enroll a predominantly African-American student population.[13]

Unless districts with overcrowded schools subcontract with community based agencies or child care centers, families living in these neighborhoods will be denied the benefits of state-funded preschool. Subcontracting seems like a simple solution, yet only 20 out of approximately 200 preschool program sites in Chicago are being subcontracted during the 1991-1992 school year. The preschool opportunity in Chicago is, therefore, seriously limited by the lack of creative responses to school overcrowding.

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[12]Department of Research, Evaluation and Planning of the Chicago Public Schools, *The School Improvement Plans of 1990: What the Schools Will Do*, December 1990.

[13]Lorraine V. Forte, "Classroom Shortage Up, New Remedies Sought," *Catalyst*, III (4), December 1991.

Recommendation:

1) *The Chicago Public School Early Childhood Division should target elementary schools which are on the overcrowded list, and encourage the principals of these schools to prepare a plan to offer preschool through a subcontractor as long as all eligible families in the community are not being served by Head Start.*

Head Start Transfer. In 1991, unable to finance increasing deficits, the Chicago Public Schools (CPS) agreed with the city's Department of Human Services (DHS) to transfer Chicago Head Start programs operated on school sites to community-based sites. During the 1990-91 school year CPS received nearly $9.4 million in federal funds to run Head Start; however, the program costs totalled $11.8 million.

DHS is orchestrating the Head Start transfer and has agreed to pay for the program costs during the three-year phase-out. Beginning in the 1991-1992 school year, one third of the school-based Head Start programs are being converted from public school sites to community-based sites. Forty-three programs, serving approximately 1,720 children, will be relocated each year. Private agencies are expected to continue to serve the same number of children and to eventually expand the program.

Preliminary findings suggested that DHS was slow out of the gate, and that all 1,720 children were not being served at the beginning of the school year. In part the delay was due to the late decision by the School Board, made in May 1991, to give final consent for the transfer. Community centers, in turn, had limited time to meet strict state and local licensing standards for child care centers. DHS faced the challenge of locating useable buildings in communities with the highest levels of unmet need where space is at a premium.

However, 16 of the 43 schools which lost Head Start were funded by the state to open a Children at Risk program. The Department of Human Services, for its part, had found community-based Head Start places for 1,046 children by January 1992. The remaining 700 children who had been in CPS Head Start were placed in a Home Start program, a program in which instructors visit homes once a week to give preschool instruction and materials to the children and the parents. Meanwhile, three new centers are completing construction and the other nine await final inspection.[14]

This transfer raises some short-term efficiency questions and some more substantive equity questions. In the short-term, early site selection will minimize the time the children in those communities lose due to delays in the transfer process. CPS should work with administrators who are losing Head Start programs to submit a proposal to fund a Children at Risk program *before* ISBE's deadline. Advance site selection would enable DHS to efficiently target communities with the greatest need for services.

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[14]Dan Weissman, "Head Start Stumbles Between Bureaucracies," *Catalyst*, Vol. 3, No. 6, 1992.

Sufficient warning would allow child care sites time to meet licensing standards, and, if necessary, would facilitate timely construction deadlines. Early planning would also help to alleviate needless worrying by parents who are concerned that a convenient preschool program will not be available for their children in the fall.

In the long-term, the transfer of Head Start places from the Chicago School Board to the Department of Human Services illustrates the gross inequities in funding for the different branches of early childhood programs in Illinois. On a per child basis, DHS allocates $1,800 per year to the Head Start program it administers, while the per child cost for Head Start in the school system is $2,400. The cost differential is further exaggerated because part of the community-based allocation goes toward lease payments, whereas the public schools have no such fees. The higher costs in the school system are due primarily to higher staff salaries. The average Head Start teacher salary in the public schools is $45,000. DHS pays teachers at about half that rate with a minimum teacher salary of $15,000. The high teacher salary in the public system reflects a higher base salary, and the high level of seniority which the teacher core in the public school Head Start programs have. High CPS salaries could be good or bad depending on whether the teachers have extensive experience teaching preschool, or whether their experience is limited to teaching other grade levels and they have merely transferred into the preschool classroom at the end of their careers.

The low salary level in the DHS system spells trouble in the shape of high staff turnover rates and potentially poorly prepared staff. Both of these consequences of low pay are highly detrimental to preschool children. The salary and resource disparities, and the lack of coordination between the public bodies administering preschool are serious detriments to the provision of decent preschool education.

Some critics of the transfer charge that the policy is a forerunner of privatization of the public education system. More likely, the transfer process illustrates the damaging effects of poor coordination among public systems, and a willingness to tolerate huge disparities in resources, for the purpose of protecting particular bureaucratic fiefdoms. It also illustrates the low level of wages the federal Head Start system is prepared to tolerate, despite the probable adverse consequences of these wage levels on the children themselves.

Recommendations:

1) *The Governor should convene a process whereby the Superintendent of the State Board of Education, the Director of the federal Region V Head Start program, and the Director of the Illinois Department of Children and Family Services should convene a process to reduce the inequities in resources among the different early childhood programs.*

2) *In Chicago, the Chicago Department of Health and Human Services (DHS) and the Chicago Public Schools (CPS) should conduct an annual joint community needs assessment. The needs assessment should be used to target communities which lack appropriate preschool services, particularly in communities with overcrowded schools, and to target new preschool classrooms in underserved communities.*

Family and Community Involvement

- Parental Involvement
- Nutrition
- Viewing Early Childhood Services As a Whole:
  - Linking Early Intervention to Preschool
  - Local Interagency Coordinating Councils
  - Continuity Through the Primary Grades

Success Starts Young

We feel that parents are the most important educators of their children. The Riverton Early Start program aids parents in providing sound educational opportunities for their children.

-- Riverton School District, Sangamon County

I like the fact that everything is open, the parents are always welcome.

-- Parent

Parental Involvement

This program is interested in the family as a whole. Very impressive. I like this way of educating people. I already enjoy my children and all their learning experiences; its nice to be more closely involved.

– Parent

Our At Risk staff believes that when the concepts the children learn at school are reinforced at home, parents and teachers are truly partners and linked together in a wholesome, learning experience whereby each separately and jointly serves as cultural, language and intellectual teachers of the young.

– East Saint Louis School District, Saint Clair County

Parents are their child's first and foremost caregiver and teacher. Accordingly, parental involvement is an integral part of every successful early childhood program. While parents should be encouraged to volunteer in the classroom and to chaperon during field trips, the most successful programs are strengthening the parent's role in more fundamental ways.

There is ample evidence that parents' involvement in schooling helps their children. Parental involvement in early childhood programs is a critical first step in this process. Participation in both the classroom and in parent training courses helps parents to create a more favorable learning environment in the home. Parents who are linked to community resources by the school are more likely to take advantage of those resources to meet their family's needs compared to parents left to their own initiative. Parents who are encouraged to participate during their child's preschool years tend to be more actively involved in their child's education in subsequent years. Sustained parental involvement improves children's academic achievement. In addition, parents who are involved with the school are more likely to develop positive attitudes toward the school and to support its mission.[15]

There are, however, obstacles to parental involvement. Some professionals resent parental participation because they view it as a nuisance, or as an impingement upon their own professional authority. It can be very difficult to persuade either parents with other children at home or working parents to become actively involved in their children's preschool program. Creative preschool directors and staff in the Children at Risk program, however, employ a number of strategies to involve more parents in the program. These include:

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[15]Douglas R. Powell, *Families and Early Childhood Programs*, National Association for the Education of Young People, Washington, DC, 1989.

a) developing parent handbooks which explicitly and colorfully describe the program and make suggestions on how to encourage a child's learning at home;

b) closely involving parents in the development of their child's Individual Assessment Profile which is used to cater to each child's special needs and to measure the child's progress;

c) organizing group discussions around such topics as their children's self esteem, discipline, sibling rivalry, and child development;

d) coordinating interactive sessions in which parents and children engage in developmentally stimulating exercises;

e) creating lending libraries from which parents can borrow parenting materials, as well as children's books and toys for the whole family to enjoy at home;

f) hosting family picnics, game nights, or retreats to create a relaxed social environment in which families can to get to know each other and their children's teachers;

g) making home visits and holding quarterly parent-teacher conferences;

h) providing transportation and on-site babysitting for parents who otherwise would not be able to attend special school-sponsored events; and

i) scheduling activities during hours which are convenient for the families, including evenings and weekends.

Another key to increasing preschool involvement is to offer parents opportunities that are important to the parents themselves. Many districts are encouraging parents to engage in community-based literacy and general education programs. In some cases parents and their children are learning to read together. Parents should also have an active role in decision making bodies through special advisory councils in order to ensure their own needs are met.

Recommendations:

1) *Local school districts should make a commitment to, and be held accountable for implementing, strong parental involvement strategies. These strategies should be aimed at strengthening parents' role as their children's first teacher, and should reflect the needs and the interests of the families enrolled in the preschool program.*

2) *ISBE should continue to assist districts in improving their record on parental involvement by regularly circulating strategies and materials for achieving such involvement, such as the Handbook for Early Childhood Programs, and by allocating appropriate resources to help districts implement creative home-school activities.*

Nutritional Meals

After a year of research, travel, public hearings and survey, the Illinois Hunger Coalition concludes that hunger, the chronic condition of being undernourished, is both real and pervasive in Illinois.

– Illinois Hunger Coalition

The Children at Risk program, unlike Head Start and some state-funded preschool programs in other states, does not include a nutrition component. This serious gap exists despite evidence that Illinois's children are suffering from malnutrition, and that malnutrition significantly inhibits a child's development and ability to learn.

The 1990 *Hunger in Illinois* study reported that half of the estimated 1.5 million Illinois citizens who suffer from hunger are children under 18 years of age.[16] This finding is consistent with a current study in seven states by the Food Research Action Center that indicates one in eight children under 12 are chronically hungry, and another one in five children under 12 are at-risk of hunger, due to an unstable food source.

According to the Illinois Nutrition Surveillance System for children served by the Women, Infants and Children (WIC) program, malnutrition constitutes a significant threat to the health of children. Malnutrition problems in Illinois exceed national averages in several areas. The state has nearly three times the five percent national rate for low height-for-age (a signal of chronic undernutrition), twice the obesity rate, and more than twice the prevalence of low hematocrit and/or hemoglobin levels (signaling a high prevalence of anemia risk), especially among economically disadvantage, and African-American children.[17]

In addition to the hunger and dietary deficiencies which are most likely to affect economically disadvantaged children, obesity, nutrient imbalances, and toxins of vitamins and minerals are not uncommon among the larger Illinois population. Conditions of low wage earnings, disproportionately high housing costs, unemployment, changes in family structures and routines all contribute to malnutrition.[18]

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[16]John Clogan, Beverly Charles and Ida Jackson, *Hunger in Illinois*, Author, Springfield, IL, 1990.

[17]Mark Testa and Edward Lawlor, *The State of the Child: 1985*, The Chapin Hall Center for Children at the University of Chicago, Chicago, IL, 1985.

[18]Johanna T. Dwyer and Judith Freeland, "Nutrition Services," in Helen M. Wallace, George Ryan, Jr. and Allan C. Oglesby, *Maternal and Child Health Practices*, Third Party Publishing Company, Oakland, CA, 1988.

Success Starts Young

Nearly 27 percent of children in Illinois come from single parent households, a disproportionate number of whom are enrolled in Children at Risk.[19] It is especially challenging for one parent to get all the children ready for school, dress for work and leave on time, while also ensuring that each child receives a nutritionally balanced breakfast before going to school.

A study in Lawrence, Massachusetts has demonstrated a direct link between the implementation of breakfast programs in schools and reduced tardiness, fewer absences, and higher grades.[20] Last year the Rockford School District in north central Illinois initiated a pilot breakfast program. Immediate results indicate reduced tardiness and absenteeism and increased student attention spans.

Since many of the children who enroll in Children at Risk qualify for free or reduced price lunch or breakfast, schools could offer nutritional meals relatively inexpensively. Currently more than 800,000 children receive school lunches each day, but less than 100,000 receive school breakfasts. While over 4,000 schools, nearly every school in Illinois, offers a lunch program, only about 1,100 schools offer breakfast programs.[21] Many schools are reluctant to start breakfast programs because the school communities believe breakfast programs are not the responsibility of the school. Other schools are reluctant to deal with coordination problems such as providing early morning transportation, and adjusting staff and class schedules when necessary. But these barriers are insignificant compared to the enormous health and educational benefits that would be gained if preschool programs included at least one major meal in their schedule.

Recommendations:

1) *ISBE should launch a campaign to encourage every qualifying school in the state to take advantage of federal school breakfast funds in order to enhance the nutritional status, attendance rates, and academic performance of their student bodies.*

2) *The preschool regulations should be amended to require all Children at Risk programs to provide all enrolled children with at least one nutritional meal per meeting.*

3) *ISBE should develop a program to educate staff, children, and parents about good nutritional and health habits.*

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[19]Mark Testa, *Comparative State of the Child.*

[20]Alan F. Meyers MD, MPH; Amy E. Sampson, PhD; Michael Weitzman, MD; Beatrice L. Rogers, PhD; and Herb Kayne, PhD, School Breakfast Program and School Performance," *American Journal of Diseases of Children*, 143 (10).

[21]John Colgan et. al., *Hunger in Illinois*, pp. 90-92.

Viewing Early Childhood Services As a Whole

Inadequate care given to expectant mothers in such an environment (an economically deprived rural area) often leads to low birth weights and premature births of children. These children may evidence developmental delays in cognitive, language/speech, motor and social development. Without intervention, these development lags only grow larger as the child grows older.

-- Southeastern Community Unit School District, Hancock County

We found that as children move through the primary grades, the opportunities for improving school success become less likely. Ideally, interventions that occur before formal schooling may provide the best hope for children at risk.

– Chicago Public School 1985-1990 Longitudinal Study of Children at Risk

The development of numerous early childhood programs has created new opportunities for children and families. Families are being served by combinations of local, state, federal and privately initiated programs such as Early Intervention, Children at Risk, Head Start, Title XX child care, special education, Chapter 1 (a program to serve impoverished children), as well as private child care and preschools programs. Unfortunately, the lack of coordination between these programs has prevented families from enjoying the full benefit of these services. In order to maximize the benefits families receive and to avoid duplication, early childhood services must be viewed as a whole.[22]

Linking Early Intervention to Preschool. Just as some children enter first grade unprepared to take full advantage of their new school, some children are born with or develop in early life conditions that delay their development. Some of these children have disabilities such as Cerebral Palsy or Down Syndrome; some suffered injury before or after birth that might affect their physical, mental/or emotional development. Others did not receive the proper prenatal care, or did receive the proper care but were born too small or too soon.[23]

Sometimes conditions like poverty affect a young child's development and sometimes parents' lifestyles are a contributing factor. Some young children have ingested lead-based paint that peels from the walls in many old buildings. Many children suffer the permanent disabilities caused by fetal alcohol syndrome, and a growing number are born with the disturbing symptoms linked with prenatal exposure to cocaine. But early risks can also strike at random with no regard for parents' efforts or socioeconomic status.

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[22]Sharon L. Kagan, *United We Stand: Collaboration for Child Care and Early Education Services*, Teachers College Press, New York, NY, 1991.

[23]This section was taken from *Building at the Frontier: Policy Choices for Young Children at Risk*, written by Pam Woll, Drew Akason and Virginia Martinez of Voices for Illinois Children in 1989.

Success Starts Young

The term early intervention applies to a body of skills and techniques that are designed to enhance the development of children between birth and age three who have, or are substantially at risk of, a developmental delay or disability. The interventions include such options as occupational therapy, speech and language therapy, physical therapy and practical advice to parents for maximizing a child's progress.

Study after study indicates that experiences during the earliest years of life have profound and permanent influence on the child's social, emotional and cognitive development. Appropriate and nurturing early interventions, including interventions during the first three years of life, can significantly improve a child's life chances.

Based on this body of research and on federal initiatives, Illinois has legislated, but not yet funded, an early intervention program that will seek out the estimated 56,400 children with, or at risk of, experiencing developmental delays to provide their families with local, and accessible diagnosis and help. More children in the Children at Risk program will receive early intervention services as that network expands. That is good news for the children who will get special attention at a very early age, and it is also good news for the preschool program whose students will start preschool better prepared.

But the expansion of early intervention services also presents a challenge to the preschool community. The early intervention legislation stipulates that each child enrolled in the program receive an Individualized Family Service Plan (IFSP). The plan will detail the strengths and needs of both the child and the family, and will contain a blueprint for all the necessary services. It will also include specific details about times, places, types of services, and the agencies or individuals who will provide those services. The plan must also designate which program the child will be served in after his or her third birthday. If a child is not to be served in a local school district's special education program, that child will be guaranteed enrollment in either the Children at Risk, or the Head Start programs.

Unless there is close collaboration among the early intervention providers and the various preschool providers, much of the value of the earlier diagnoses and assessments will be lost. At best, early intervention providers and preschool teachers meet before a child enters preschool to discuss a child's strengths and weaknesses, and to give the early intervention provider a chance to describe the kinds of encouragement the child responds to best.

The Illinois law prescribes that preschool providers sit on the Local Interagency Coordinating Councils (LICCs) set up to organize the collaborative early intervention efforts. That early childhood presence on the councils is a minimum effort to facilitate the cooperation needed between the service providers and the preschool programs. In Illinois, the Rockford early intervention and preschool communities have created an exemplary model of cooperation aimed at the fullest development of the early intervention and preschool populations. (Rockford's model will be discussed in the following section.)

Such collaboration will only bear fruit if preschool teachers understand the diagnoses of developmental delay and know how to respond to individual children's particular conditions. Sometimes skilled preschool teachers will be able to meet the needs of children with delays in the preschool classroom, and sometimes they will have to make referrals for particular therapies in addition to the preschool program.

Recommendations:

1) *The State Board of Education must ensure that early intervention coordinating councils include representatives from state preschool and that protocols are established for ensuring the smooth transition of children from early intervention services to preschool.*

2) *ISBE should ensure that preschool staff have sufficient training to interpret diagnoses of developmental delays, and appropriately respond to that child's delays whenever possible in the preschool classroom.*

3) *ISBE should set an example of collaboration for the early childhood communities by improving the level of cooperation between its special education and preschool divisions.*

Local Interagency Coordination Councils. The problems faced by children who are at risk of academic failure are complex - whether risk is due to economic, linguistic, physical or developmental conditions. Simply attending preschool a few hours per day, four days per week over the course of a year is not likely to radically improve the lives of at-risk children. Long-term contributions by other individuals and family service organizations within the community are necessary to serve families effectively.

The State Board of Education "strongly" encourages cooperation between preschool programs and community services. Specifically, the State Board recommends linkages among birth-through-age three programs, Head Start, adult literacy programs, child care resource and referral services, the Department of Public Aid (DPA), and the Department of Children and Family Services (DCFS).

Unfortunately in many districts the community-level interagency effort is loosely coordinated, and it fails to consider the needs of participating children and their families before or beyond enrollment in preschool. Despite the desire to establish strong community service networks, many districts lack the appropriate personnel and experience to coordinate disparate community-based services.

Some states have, however, developed creative ways of encouraging cooperation among early childhood providers. As a precondition of receiving state funds for preschool in Minnesota, Florida, and New York, each district is required to develop, implement, and evaluate its preschool program in cooperation with a district interagency advisory council.

Minnesota Early Childhood Family Education specialist, Lois Engstrom, describes Minnesota's interagency council as the "eyes and ears" for the preschool program, and stresses its importance in helping to shape program services and direction.[24] New York requires districts to include in their annual report a summary record of the interagency council meetings, recommendations, and the status of those recommendations.

Districts in Florida report a variety of interagency coordinating council activities. Members of the council met with school board members, legislators and school staff to discuss long range goals for providing a comprehensive delivery system which provides medical, dental, mental health and other support services for subsidized child care centers in the community. A survey was sent to every licensed child care center in the county to identify the characteristics of existing preschool services and to identify space available in existing centers which meet the state preschool criteria. Arrangements were made to inform teachers about family literacy programs. In addition, the interagency council developed strategies to help preschool teachers coordinate the program with the district's kindergarten through third grade teachers.[25]

At least one far-sighted district in Illinois has created similar early childhood councils on its own initiative. In 1991, Rockford established the Birth to Five Interagency Coordination Council, a long range planning council for early childhood programs. The council assembles most of the key participants to develop a mission statement and detailed five year plan for birth to five programs in the community. The Rockford effort is already bearing fruit. Recently, agencies involved in the Illinois Child Find activities, the statewide resource and referral network, were invited to discuss the strengths and weaknesses of the early childhood service delivery system. Representatives from the special education and early intervention programs were included in those discussions. Problematic areas included: a shortage of qualified screening personnel; the lack of staff available to work with the district's limited English proficient population; the inability to serve all eligible children; the difficulties of motivating some parents to use the services; and an overemphasis on treating the child rather than the family. At the next meeting agencies will brainstorm concrete ways to solve the problems raised in the two previous sessions.[26]

The Illinois Early Intervention legislation already requires the establishment of Local Interagency Coordinating Councils (LICCs) to facilitate interagency collaboration for early intervention services.

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[24]Lois Engstrom, "The Minnesota Experience With Family-Centered Early Childhood Programs," *Early Childhood Family Education*, Vol. XV, No. 2, 1988.

[25]This information was provided by Cynthia Perkins, Program Specialist in the Office of Early Intervention and School Readiness at the Florida Department of Education.

[26]Karen Anderson-Plum, the Chair of Rockford's Birth to Five Interagency Coordination Council explained the council's activities herein described.

The work of these councils is very similar to the coordination necessary to maximize the impact of preschool providers. Since it is also important to see the early childhood years as a whole, it makes sense to expand the responsibilities of existing early intervention coordinating councils to include the coordination and planning of publicly funded preschool and related early childhood programs. The mission of the LICCs could easily be expanded to include concerns of the local preschool, child care, child advocacy, kindergarten-through-third-grade, and university communities, and the appropriate social, nutritional, medical, dental and adult literacy service agencies. The tasks of the expanded LICCs would include:

a) review and assess the existing needs, resources, and services available in the community;

b) plan specific collaboration among existing services on such topics as shared funding, screening, facilities, training, parent education; health service personnel, referral services, transportation, and child care;

c) develop short-term and long-term goals and plans for improving early childhood services and assess the progress made toward these goals; and

d) conduct public education and advocacy on behalf of the needs of young children in the community.

Recommendation:

1) *The Legislature and the State Board of Education should expand the mission of the early intervention Local Interagency Coordinating Councils (LICCs) to include the local coordination of all early childhood services and the membership of the LICCs should expand accordingly.*

Continuity Through the Primary Grades. A good preschool program is merely one part of an effective education. Unless grade schools, in turn, provide an effective education, the benefits of one or two years of preschool will fade, usually by the third grade. Preschool is not an inoculation that will guard a child against an inadequate elementary or secondary education. As stated in a Chicago Public School study of the Children at Risk program:

> While early intervention is an important source of school readiness, it clearly is not enough; the positive effects of many variables must reinforce each other over time. Continuity in the early schooling process appears particularly critical in enhancing and maintaining effects. Parent involvement, school stability, grade promotion and experiencing a sense of academic commitment to schooling signify this continuity.[27]

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[27] Arthur J. Reynolds and Nikolaus Bezruczko, *Longitudinal Studies of Children at Risk 1985-1990 Summary Report*, Chicago Public Schools, Department of Research Evaluation and Planning, Chicago, IL, 1990.

Success Starts Young

The continuity of experience for the preschool child entering kindergarten or first grade has several aspects. First, teaching practices in the early grades should, with some modifications, reflect those of a good preschool classroom. (These developmentally appropriate practices are described in the next section of this report). Children in the early grades should continue to learn by doing, and their learning activities should be developmentally appropriate, not driven by deficient texts, repetition and rote memorization. Parental involvement should remain a vital component of the educational process. Teachers in the elementary grades should be trained to interpret the preschool screening tests and progress reports. Elementary schools should be organized to respond to the special needs of children who still exhibit developmental delays, but do not qualify for special education.

As a second strategy, local school districts should organize sufficient collaboration among the preschool-through-third-grade teachers to allow a child to move smoothly through these early grades. Beginning of the school year conferences between preschool staff and grade school teachers would give grade school teachers specific information about their new students, and would remind preschool teachers of the new school world for which they must prepare their new students.

Recommendations:

1) *ISBE should earmark elementary school funds to allow kindergarten-through-third-grade teachers to be reimbursed for coursework in developmentally appropriate practices so these teachers might better serve children while facilitating the transition from early childhood through the children's first years of school. Teachers should engage in joint staff training.*

2) *Strategies being developed and improved upon by the Children at Risk program, such as parent involvement, interagency collaboration, developmentally appropriate curriculum, should be integrated into the primary grades.*

3) *School-level collaboration among preschool, kindergarten, and primary grade teachers must be intensive and frequent.*

Instructional Practices and Evaluation

- Developmentally Appropriate Practices
- Screening and the Use of Individual Assessment Profiles
- The Annual Program Review Process
- The Longitudinal Evaluation Process

Success Starts Young

We believe all children come to the program with strengths. Our At Risk program aims to identify and build upon individual strengths.

-- Pawnee School District, Sangamon County

Instructional Practices and Evaluation

Developmentally Appropriate Practices

> *Curriculum for young children should not be a watered down version of a kindergarten or first grade classroom. Rather it should reflect an appreciation and enjoyment of the "energy" of the 3 and 4 year olds, their imagination, their curiosity, their sociability, their creativity. It must be understood that the goal of the program is to nourish these strengths, not to dampen them. Our goal is to make children enthusiastic, lifelong learners.*
>
> *– Waukegan School District, Lake County*

Traditional curriculum content and instructional methods used throughout the U.S. educational system have been sharply criticized in recent years.[28] There is a growing consensus that traditional curriculum and instructional methods are failing to equip students with the higher-order thinking and problem-solving skills necessary to cope in an increasingly technological world. Numerous studies are advocating that schools place greater emphasis on: active, hands-on learning; conceptual understanding, rather than content memorization; experiential learning; cooperative learning in heterogeneous groupings; interactive teaching; and interdisciplinary, thematic units.[29]

Unfortunately, many elementary and secondary schools still use the traditional teaching style of drill and practice in an isolated set of skills. Worse still, some preschool classrooms use these rigid methods. Such practices can easily set-up three-and four-year-olds for failure. The National Association for the Education of Young Children (NAEYC) reports that programs which lack developmentally appropriate practices are likely to mistakenly fail children for inadequate performance on inappropriate exercises. Some of these children are then placed in an extra year of "developmental" kindergarten or first grade. This strategy, according to NAEYC, blames the victims (the children) rather than confronting the underlying problem (an inappropriate curriculum).[30]

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[28]U.S. Department of Education, *A Nation at Risk*, U.S. Government Printing Office, Washington, DC, 1983.

[29]American Association for the Advancement of Science, *Science for All Americans*, Washington, DC, 1989; Association for the Supervision of Curriculum and Development, *Toward the Thinking Curriculum*, Author, Alexandria, VA, 1989; International Reading Association, *Literacy Development and Prefirst Grade*, Author, Newark, DE, 1989; National Association of Elementary School Principals, *Early Childhood Education and the Elementary School Principal*, Alexandria, VA, 1990; National Commission on Social Studies in the Schools, *Charting a Course for the 21st Century*, Washington, DC, 1989; and National Council of Teachers of Mathematics, *Curriculum and Evaluation Standards for School Mathematics*, Alexandria, VA, 1989.

[30]National Association for the Education of Young Children, and the National Association of Early Childhood Specialists in State Departments of Education, "Guidelines for Appropriate Curriculum Content and Assessment in Programs Serving Children Ages 3 Through 8," *Young Children*, March 1991.

Success Starts Young

Preschool programs, consistent with the aims of the broader education reform movement, should be designed to meet the developmental needs of each child through both the curriculum and the learning environment. A developmentally appropriate early childhood program is one that:

a) recognizes and accepts individual differences in children's growth patterns and rates by setting realistic curriculum goals that are appropriately tailored to their developmental levels;

b) educates the whole child -- with attention to physical, social/emotional and intellectual developmental needs and interests;

c) responds to the needs of children as developing, thinking individuals by focusing on the processes of learning rather than disparate skills, content and products;

d) provides multiple opportunities for learning with concrete, manipulable materials that are relevant to children's experiential background, and that keep them actively engaged in learning and discovering through use of all the senses;

e) provides a variety of activities and materials by incorporating: (1) learning activities that encourage active participation through "hands-on" activity, communication and dialogue; (2) large blocks of time to pursue interests; (3) time to ask questions and receive answers that develop concepts and ideas for use at varying levels of difficulty and complexity; and (4) time to reflect upon and abstract information when encountering different viewpoints from peers;

f) views play as fundamental to children's learning, growth and development, enabling them to develop and clarify concepts, roles and ideas by testing and evaluating them through use of open-ended materials and role enactment. Play further enables children to develop fine and gross motor skills, to learn to share with others, to see others' point of view, and to be in control of their thoughts and feelings;

g) provides opportunities for the use of multicultural and nonsexist experiences, materials and equipment that enhance children's acceptance of self and others, and enables them to accept differences and similarities among people, including those who are handicapped in some way;

h) embraces the teaching of all content areas as integrated experiences that develop and extend concepts, strengthen skills and provide a solid foundation for learning in language, literacy, math, science, health, art and music; and

i) allows children to make choices and decisions within the limits of the materials provided, resulting in increased independence, attention, joy in learning and feeling of success necessary for growth and development.[31]

Pre- and in-service training allows teachers to expand their knowledge of effective curricular and instructional advances which reflect developmentally appropriate practices. During a focus group session with Children at Risk district coordinators, we learned that every district represented felt that staff development opportunities were inadequate. Districts wanted in-service training in such topics as: whole language instruction, emergent literacy, curriculum (e.g. High Scope), integration of math and science instruction, child engagement, parental involvement, and identification of at-risk characteristics in children. To address this issue, the State Board conducted a statewide survey of staff development needs, and is now working with consultants to prepare regional staff development sessions which are responsive to local needs. These sessions will begin in the 1992-93 school year. In addition, discretionary funds can be used to attend outside staff development training sessions.

The focus group session also revealed that some districts are receiving complaints from parents who expect their children to be learning skills which, from a developmental perspective, are better acquired in kindergarten or first grade. Teachers should be prepared to discuss with parents the philosophy and benefits of a truly developmentally appropriate education.

Recommendations:

1) *The State Board of Education should stress in its requests for preschool proposals, in its on-site monitoring process, and at every available opportunity specific methods to help preschool teachers incorporate developmentally appropriate practices into their classrooms.*

2) *ISBE should continue to expand its effort to ensure that teachers can participate in in-service training to better serve the special needs of their particular at-risk population while delivering developmentally appropriate care.*

3) *Teachers at individual program sites should discuss with parents the importance of developmentally appropriate education so that parents do not expect their children to be learning skills more appropriate for older children.*

4) *Local school sites should not hold back children by putting them in "Developmental" kindergarten or first grade.*

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[31]Joan Moyer, Harriet Egertson and Joan Isenberg, "The Child -Centered Curriculum," *Childhood Education*, 63 (4), 1987.

Screening and the Use of Individual Assessment Profiles

Teaching teams work with the coordinator to constantly check screening curriculum, strategies and evaluation technique...The individual assessment profile shows respect for the total child within the context of the family with the use of the Child Observation Record, the HOME Inventory, anecdotal information, samples of children's language and artwork, and TAPPING, a locally developed form to engage parents in the goal setting process.

– Litchfield School District, Montgomery County

The state preschool law mandates that school districts screen applicants for preschool to determine which children are eligible for Children at Risk. ISBE allows districts to determine their own eligibility criteria as long as the criteria address: fine and gross motor skills, cognitive development, visual and motor integration, language and speech development, vocabulary, English proficiency, and social competence. ISBE also lists thirteen suggested screening instruments for districts to choose from, but districts may adopt another instrument if they wish.

As a result of the use of multiple screening instruments, enrollment decisions vary widely across the state. For instance, virtually all children living in low-income communities would qualify if screened in another more affluent community. However, not enough slots are available to serve all the children in low-income communities, so a stricter eligibility criteria is employed.

The screening test results in one of three outcomes: further diagnosis (to determine eligibility for special education), preliminary eligibility for Children at Risk, or the recommendation that no special intervention is necessary at this time.

Once a child is admitted to a Children at Risk program, the results of the screening test are used to help construct an Individual Assessment Profile (IAP) for each child. If, for example, the screening test reveals a child has a particular developmental or speech problem, then the teacher and, in some districts, the parents help devise a plan to address that particular need.

Unfortunately, these sound educational strategies do not always turn out well in practice. Early childhood specialists familiar with the Children at Risk program have expressed concern that in most districts the screening and the IAP are imprecise; screeners are unskilled, and teachers lack sufficient training in specialized assessment and instructional methods to understand the diagnosis and to construct satisfactory responses to each child's situation. In some districts the screening takes place in a noisy, crowded hall under conditions in which even a skilled screener could not do an adequate job. Screening under poor conditions, and the interpretation of the results of a screening by inadequately trained teachers is not only useless, but is harmful since individual children may be labelled with inaccurate diagnoses and subjected to inappropriate interventions. In addition, the lack of a common screening instrument makes inter-district comparisons of the problems and successes of the preschool program impossible.

Recommendations:

1) *ISBE should determine the single best screening instrument, and require all districts to adopt the specified instrument. Districts could add additional screening instruments if they wish.*

2) *Once a single screening instrument is selected, screeners and Children at Risk staff should receive intensive training in its application and interpretation.*

The Annual Program Review Process

The state monitors its preschool sites through a process called "program reviews." These reviews are conducted annually by early childhood consultants retained by ISBE. The evaluators are trained by staff from ISBE's Early Childhood Division in an all day session. The evaluators review a sample of classrooms from every district. Usually an evaluator will spend the full day at a given site. Interviews will be conducted with relevant administrators, staff and, if possible, parents. Documents and the facilities will be reviewed, and the classroom interactions will be observed. Completed reviews are read by ISBE's Early Childhood staff, and copies are mailed to each district.

ISBE is in the process of revising the program review instrument and the process itself, including the training of evaluators. The revised program review process is targeted for implementation in the 1992-1993 school year. There are several problems with the current review process which ISBE should take into account as it plans its new program review strategies.

The current ISBE program review instrument, which all evaluators use, is too general to be helpful. It does not weight or measure all critical features of a preschool program. It lacks a summary rating scale to allow overall comparisons of different programs. It has not been proven to be valid or reliable. That means the measuring instrument has not been constructed to ensure that different evaluators would rate the same program in the same way, or that an evaluator would rate the same program the same way on different visits. Moreover, the scores reported on the instrument for a particular program may not be similar to the scores given by another way of judging the program.

The program review instrument is obviously critical. Without an effective, comparable report on each preschool program, ISBE is simply unable to perform its function of monitoring for quality and signaling the need for technical assistance to improve weak programs. A good instrument can itself help staff to improve their program by reinforcing the most important characteristics of a good preschool classroom, and how their particular program measures up.

Success Starts Young

In VIC's 1990 report on the Children at Risk program, we advocated the adoption of a comprehensive evaluation instrument which is both valid and reliable. The Early Childhood Environmental Rating Scale (ECERS) was suggested as an effective instrument which could be used to evaluate preschool in Illinois. We describe this monitoring instrument again not because it is the only useful scale, but as an example of a very effective and proven monitoring tool.

ECERS covers seven crucial areas of preschool programs in separate subscales including: personal care routines, furnishings and display, language and reasoning experiences, fine and gross motor activities, creative activities, social development, and parent and staff needs. Evaluators using the scale give descriptive feedback and numerical classification on a well specified scale for each program area. When every section is completed the evaluator constructs a chart which visually represents the strengths and weaknesses of the entire program. Summary sheets from each evaluation visit chart a program's progress over time.[32]

While ECERS is not the only instrument which would substantially improve the program review process, it may well be the best. If a new instrument is developed, it should contain all of the strengths which ECERS offers. A new instrument, however, will only be useful to the degree that ISBE trains evaluators to use it effectively. A good scale in the hands of well trained evaluators will increase the quality of the program reviews throughout the state.

Children at Risk coordinators also expressed their frustration with the uneven quality of evaluators. Coordinators report that some evaluators fail to consider the socioeconomic context of the communities particular preschool programs serve. Districts also face the common dilemma of receiving inconsistent recommendations from different evaluators from year to year. Evaluation and technical assistance roles are incompatible. Good evaluators need to keep some distance from the programs they evaluate. On the other hand, good technical advisors need to get to know a program and its staff well enough to gain their confidence, and to build upon particular strengths in order to upgrade the entire program. ISBE is moving in the direction of separating the two roles by providing direct technical assistance, and should continue to do so.

Another major issue concerns the selection of sites to be evaluated. Each year district staff administering multiple programs select which sites they wish evaluators to visit. In Chicago, for example, five or six evaluators will conduct one-day reviews at three sites. Thus, only 15-18 of Chicago's 200 plus sites are visited each year, and these sites are chosen by the Chicago Director of Early Childhood Education. It is difficult to image that a district administrator would select the worst sites for program evaluators to visit, despite the fact that it is the worst sites which most urgently need review.

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[32]Thelma Harms and Richard M. Clifford, *Early Childhood Environment Rating Scale*, Frank Porter Graham Child Development Center at the University of North Carolina at Chapel Hill, NC, 1980.

ISBE does not verify whether or not all sites within a given district are reviewed over a given period. In addition, evaluators make arrangements with staff at the individual sites to select the date of the program review, thus districts can prepare for the review. This process means that evaluators are unlikely to observe a typical day across the total spectrum of preschool sites.

Recommendations:

1) *ISBE should adopt a program review instrument like the Early Childhood Environmental Rating Scale (ECERS), or devise an equally comprehensive evaluation tool which is both valid and reliable.*

2) *ISBE should strengthen its program review training by contracting prominent early childhood experts familiar with the Children at Risk program to train the program reviewers on every aspect of the program reviews.*

3) *ISBE should select the particular program site to be reviewed, and alternate sites in large districts so every site will be visited at least once every three years. More evaluators should be recruited and assigned to review sites within large districts.*

The Longitudinal Evaluation Process

Longitudinal data collection and student tracking has begun...The results...indicate that all pupils (who were enrolled in Children at Risk) in kindergarten during 1990-91 are ready for the first grade in 1991-92. Stanford achievement scores on the first preschool class are above national averages.

– Oglesby Public School District, La Salle County

The longitudinal evaluation process is a critical piece of analyzing the effects of children participating in preschool. Longitudinal studies of preschool can contribute valuable information to improve children's school success. Useful evaluation research describes not only the magnitude of program effects, but how successful programs achieve their results, and the obstacles faced by less successful programs.

The purpose of the Children at Risk program is to prepare these children for school who would otherwise arrive at first grade already behind their classmates. Major longitudinal studies of preschool programs demonstrate that high quality preschool programs produce substantial educational gains in the early elementary school years. While there is abundant evidence that good preschool programs increase the educational performance of children otherwise at-risk of educational failure, the state does not, as yet, have the information to determine whether the Children at Risk program is good enough to achieve similar positive results.

It is important that ISBE, in addition to tracking the educational practices in every preschool classroom, assess the differential effects of preschool on children and their families. Program results should be disagreggated to determine which interventions work with various subgroups. It is important to learn the best preschool, for example, among: urban versus rural children; children across different major cities; immigrant and migrant children; and children with physical versus language disabilities.

ISBE does require school districts to collect academic performance indicators on the achievements of former Children at Risk students in the elementary grades. However, a broader set of measures should be included in the data collection. Information on eligible, but non-participating children should also be collected to establish a control group. Currently participation in programs other than Children at Risk is not recorded, and it is impossible to separate out the confounding influences of other developmental programs on the children's achievements.

Some school districts have contracted with local colleges and universities to assist in the development and evaluation of their programs. For example, the Rantoul City Schools, located in Champaign County, subcontract with the University of Illinois at Champaign-Urbana. This arrangement allows Rantoul to capitalize on the personnel and resources available through the university. The university aids the Children at Risk staff by providing in-service training, equipment and information, and student teachers who assist in the classroom. In turn, the university aids in developing sophisticated longitudinal analysis to measure student gains and to improve program quality.

Recommendations:

1) *ISBE, in consultation with experts in early childhood evaluation, should identify a complete set of variables for districts to report which allow a comprehensive evaluation of the preschool program.*

2) *ISBE should participate in a comprehensive, independent evaluation of the preschool program. The study should provide an accurate description of the degree to which particular types of preschool classrooms follow good preschool practice, and the barriers to the adoption of such practices. In addition, the degree to which children who participated in Children at Risk demonstrate educational gains in the early elementary grades should be documented.*

3) *ISBE should contract evaluators to conduct in-depth program reviews for a small subsample of districts to identify core issues districts are struggling with which are not readily visible in a single day, preannounced site visit. As many as four unannounced visits should take place over the school year.*

4) *As a result of the longitudinal analysis specific policy changes, implementation strategies, and public education should be devised in order to improve the delivery of early childhood services in Illinois.*

Appendices

(Numbers of Children Served and Funding Levels FY91-FY92)

- **Appendix I:** The Twelve Most Populous Cities
- **Appendix II:** County Comparisons

Appendix I: The Twelve Most Populous Cities
Numbers of Children Served and Grant Amounts FY91-FY92

Counties	FY91			FY92		
	Children Served (Actual)	Grant Amount (Actual)	Cost Per Child (Avg)	Children Served (Estimated)	Grant Amount (Estimated)	Cost Per Child (Avg)
Chicago	8,532	$28,000,000	$3,282	10,000	$31,000,000	$3,100
Rockford	735	2,039,255	2,774	1,100	2,860,000	2,600
Peoria	320	591,250	1,848	300	603,075	2,010
Springfield	377	940,000	2,493	400	1,000,000	2,500
Aurora	283	684,424	2,418	308	719,071	2,335
Naperville	17	40,000	2,353	16	40,800	2,550
Decatur	230	296,668	1,290	250	387,475	1,550
Elgin	132	360,470	2,731	150	360,470	2,403
Joliet	135	346,742	2,568	150	385,463	2,570
Arlington Hts.	52	101,903	1,960	50	103,495	2,070
East St. Louis	150	544,766	3,632	150	420,000	2,800
Kankakee	156	299,000	1,917	165	315,450	1,912

NOTES:

1) Numbers of children served in each city may not be proportional to its size since rates of at-risk characteristics vary across cities.

Appendix II: County Comparisons
Numbers of Children Served and Grant Amounts FY91-FY92

Counties	FY91			FY92		
	Children Served (Actual)	Grant Amount (Actual)	Cost Per Child (Avg)	Children Served (Estimated)	Grant Amount (Estimated)	Cost Per Child (Avg)
Adams	250	$621,236	$2,485	265	$685,174	$2,586
Alexander	154	342,109	2,221	147	342,269	2,328
Bond	141	280,000	1,986	141	352,500	2,500
Boone	15	37,500	2,500	15	39,375	2,625
Brown	15	30,000	2,000	15	32,140	2,143
Bureau	64	156,082	2,439	77	202,765	2,633
Calhoun	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
Carroll	98	210,000	2,143	100	216,655	2,167
Cass	39	67,200	1,723	39	67,200	1,723
Champaign	433	1,043,028	2,409	506	1,244,400	2,459
Christian	115	186,426	1,621	152	266,425	1,753
Clark	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
Clay	34	61,000	1,794	32	62,830	1,963
Clinton	91	211,000	2,319	94	216,590	2,304
Coles	373	719,222	1,928	424	848,000	2,000
Cook	11,463	34,396,028	3,001	15,065	38,360,937	2,546
Crawford	104	168,980	1,625	95	175,442	1,847
Cumberland	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
Dekalb	150	302,760	2,018	127	315,257	2,482
Dewitt	30	47,600	1,587	45	102,000	2,267
Douglas	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
Dupage	427	970,956	2,274	440	1,106,131	2,514
Edgar	33	79,260	2,402	35	80,845	2,310
Edwards	16	44,980	2,811	19	44,980	2,367
Effingham	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
Fayette	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
Ford	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
Franklin	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
Fulton	43	111,650	2,597	61	120,342	1,973
Gallatin	38	48,400	1,274	22	49,368	2,244
Greene	27	55,586	2,059	27	50,698	1,878
Grundy	60	150,000	2,500	60	150,000	2,500
Hamilton	274	610,927	2,230	298	663,065	2,225

Counties	FY91			FY92		
	Children Served (Actual)	Grant Amount (Actual)	Cost Per Child (Avg)	Children Served (Estimated)	Grant Amount (Estimated)	Cost Per Child (Avg)
Hancock	56	136,390	2,436	74	181,892	2,458
Hardin	15	34,760	2,317	13	35,455	2,727
Henderson	15	30,000	2,000	15	30,600	2,040
Henry	140	277,010	1,979	170	386,240	2,272
Iroquois	110	$265,887	$2,417	119	$308,965	$2,596
Jackson	474	1,157,502	2,442	481	1,190,566	2,475
Jasper	N.A.	N.A.	N.A.	20	56,000	2,800
Jefferson	70	201,600	2,880	96	201,600	2,100
Jersey	80	81,720	1,022	80	118,050	1,476
Jo Daviess	105	225,000	2,143	100	230,000	2,300
Johnson	88	156,000	1,773	80	165,680	2,071
Kane	572	1,315,694	2,300	628	1,439,181	2,292
Kankakee	335	807,985	2,412	390	929,914	2,384
Kendall	66	149,212	2,261	70	149,212	2,132
Knox	230	525,000	2,283	230	557,104	2,422
Lake	626	1,406,370	2,247	667	1,569,213	2,353
LaSalle	219	304,681	1,391	159	311,781	1,961
Lawrence	48	99,170	2,066	48	99,170	2,066
Lee	N.A.	N.A.	NA??	N.A.	N.A.	NA??
Livingston	69	151,900	2,201	89	212,768	2,391
Logan	25	66,618	2,665	28	67,950	2,427
McDonough	128	245,175	1,915	135	255,726	1,894
McHenry	264	497,823	1,886	263	540,272	2,054
McLean	103	158,547	1,539	125	255,190	2,042
Macon	278	381,668	1,373	312	540,525	1,732
Macoupin	156	332,448	2,131	144	349,070	2,424
Madison	664	1,205,000	1,815	608	1,256,156	2,066
Marion	N.A.	N.A.	NA??	N.A.	N.A.	NA??
Marshall	12	27,000	2,250	15	27,000	1,800
Maron	N.A.	N.A.	NA??	N.A.	N.A.	NA??
Massac	121	175,318	1,449	100	179,738	1,797
Menard	48	82,500	1,719	71	135,139	1,903
Mercer	46	85,000	1,848	57	129,102	2,265
Monroe	N.A.	N.A.	NA??	15	42,000	2,800
Montgomery	385	867,549	2,253	376	911,010	2,423
Morgan	22	81,662	3,712	38	81,662	2,149
Moultrie	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
Ogle	15	30,000	2,000	19	30,570	1,609
Peoria	531	1,003,386	1,890	498	1,037,033	2,082

Counties	FY91			FY92		
	Children Served (Actual)	Grant Amount (Actual)	Cost Per Child (Avg)	Children Served (Estimated)	Grant Amount (Estimated)	Cost Per Child (Avg)
Perry	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
Piatt	11	23,566	2,142	11	23,566	2,142
Pike	13	30,000	2,308	12	31,500	2,625
Pope	19	56,870	2,993	20	58,007	2,900
Pulaski	99	212,000	2,141	120	218,000	1,817
Putnam	30	70,400	2,347	32	73,618	2,301
Randolph	88	$194,683	$2,212	91	$198,577	$2,182
Richland	22	37,500	1,705	30	80,510	2,684
Rock Island	231	512,600	2,219	261	563,110	2,158
St. Clair	456	1,212,666	2,659	492	1,227,184	2,494
Saline	115	222,432	1,934	114	223,246	1,958
Sangamon	589	1,375,800	2,336	605	1,442,046	2,384
Schuyler	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
Scott	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
Shelby	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
Stark	18	40,000	2,222	20	40,800	2,040
Stephenson	N.A.	N.A.	N.A.	70	196,000	2,800
Tazewell	102	237,500	2,328	135	238,000	1,763
Union	204	384,138	1,883	215	394,559	1,835
Vermillion	328	688,000	2,098	344	722,400	2,100
Wabash	43	108,689	2,528	75	178,689	2,383
Warren	25	64,000	2,560	24	64,000	2,667
Washington	29	66,300	2,286	26	67,626	2,601
Wayne	106	197,826	1,866	85	196,155	2,308
White	74	161,650	2,184	75	163,884	2,185
Whiteside	171	388,605	2,273	177	406,157	2,295
Will	225	571,382	2,539	300	779,706	2,599
Williamson	N.A.	N.A.	N.A.	N.A.	N.A.	N.A.
Winnebago	779	2,131,733	2,736	1,150	2,962,740	2,576
Woodford	84	162,500	1,935	110	256,198	2,329
Statewide	24,464	62,668,345	2,562	29,228	70,613,200	2,416

NOTES:

1) "N.A." indicates that figures are not available.

2) In FY92, 97 counties were served by multi-district programs based in neighboring counties.

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Success Starts Young

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Preschool report contributors Israel Romero, Malcolm Bush and Ariana Gilbert visit students at the Laren Montessori School in South Holland.

Preschool report authors Malcolm Bush and Ariana Gilbert during their preschool years.

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The demographics of our district are changing at a rapid rate. Because of this declining economic level, we are receiving more students who are "at risk" of academic failure. In the two years we have been involved with the (Children at Risk) program, we see the program as not only being very effective with the academic aspect of a child's growth; we also see the program as being effective to fuel positive communication links with the parents and helping the parents to become more in tune with support services within the community.

-- Belleville Public School District, St. Clair County

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